## KOLAR Document ID: 1501399

		<b>RECORD</b> Correction		<b>WWC-5</b> ge in Well Use		vision of Wat			Well ID		
				Fraction		ources App. 1 ction Numb		Township Numb		ge Number	
1 LOCATION OF WATER WELL: County:									$\Box E \Box W$		
	OWNER:	Last Name:		First:	Street or Ru	reet or Rural Address where well is located (if unknown, distance and					
Business:					direction from	rection from nearest town or intersection): If at owner's address, check here:					
Address: Address:											
City: State: ZIP:											
<b>3 LOCATE WELL</b> WITH WY N 4 DEPTH OF COMPLETED WELL:						5 Tatit	hand ou			(1 . 11 )	
WITH "		Depth(s) Gr				5 Latitude:(decimal degrees) Longitude:(decimal degrees)					
	<b>DN BOX:</b> N		2) ft. 3) ft., or 4) 🗆 🛙				Datum: 🗌 WGS 84 🔲 NAD 83 🔲 NAD 27				
			WELL'S STATIC WATER LEVEL:				ce for	Latitude/Longitude:			
				yr) yr)		$\Box \text{ GPS (unit make/model:)}$					
NW	NE	Pump test d				(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map					
w	E	-	hour			□ Online Mapper:					
SW	SE		Well v								
	X	after Estimated Y	hours	gpm	6 Elevation:ft.  Ground Level  TOC						
	S	Bore Hole I		ft. and		Source:  Land Survey  GPS  Topographic Map					
1 1	mile			ft.							
7 WELL WATER TO BE USED AS:											
1. Domestic:       5. □ Public Water Supply: well ID         □ Household       6. □ Dewatering: how many wells?											
House House	hold & Garden					11. Test Hole: well ID ☐ Cased ☐ Uncased ☐ Geotechnical					
				•••••		12. Geothermal: how many bores?					
2. 🗌 Irrigati	2. ☐ Irrigation 9. Environmental Remo				)	a) C	a) Closed Loop $\Box$ Horizontal $\Box$ Vertical				
3. EFeedlot			-		b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water						
4. Industrial Recovery Injection 13. Other (specify):											
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:											
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded											
Casing diameter in. to ft., Diameter in. to ft.											
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
Steel       Stainless Steel       PVC       Other (Specify)         Brass       Galvanized Steel       None used (open hole)											
Brass       Galvanized Steel       None used (open hole)         SCREEN OR PERFORATION OPENINGS ARE:       Image: Comparison of the second sec											
□ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify)											
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)											
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
		ole contaminati		potential source of con			1				
□ Septic	Tank		Lateral Line	es 🗌 Pit Privy		Livestock P			ide Storage		
Sewer			Cess Pool	Sewage Lag		Fuel Storage		Abando		Well	
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)											
Direction from well? ft.											
10 FROM	ТО		ITHOLO		FROM	ТО		HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
					-						
					-						
					+						
					Notes:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a reconstructed, or plugged											
under my jurisdiction and was completed on (mo-day-year)											
under the b	ousiness nan	ne of		/ELL OW/NEP and retain (		orde Eccoff	5 00 f-	r angh constructed		<u></u>	
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well. KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.											
-	Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212										